



HIV Prevention to End the HIV Epidemic in the United States

KENTUCKY

CDC awarded **\$5.02M** to health departments and community-based organizations in Kentucky for HIV prevention and care activities, including **\$1.99M** in *Ending the HIV Epidemic (EHE)* funding.

CDC collects and disseminates data on **6 key EHE indicators**. Current data are available online at [AtlasPlus](#) and on [HHS AHEAD](#) for each jurisdiction.

Kentuckians

with HIV will face an average lifetime cost of

\$510,000

to treat their infection (2020 dollars).



DIAGNOSE: Diagnose all people with HIV as early as possible

17%

of Kentuckians with HIV are **unaware of their status**, which means they aren't getting the HIV care they need.

340

new HIV infections occurred in Kentucky.

18,908

HIV tests were provided in Kentucky with CDC funding. HIV testing enables people to know their HIV status.

How CDC Dollars Can Improve DIAGNOSES:

- **Expand** routine screening of people in health care settings
- **Increase** testing in non-traditional settings (e.g., jails, emergency departments, street-based services)
- **Increase** access to and use of HIV self-tests
- **Integrate** STI and viral hepatitis screening into HIV testing services



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



TREAT: Treat people with HIV rapidly and effectively to reach sustained viral suppression

There are **9,100** people with HIV in **Kentucky**. **Linking people with HIV to care within one month** is a critical step to providing rapid access to HIV medicines.

66% of Americans with diagnosed HIV are **virally suppressed**.

When a person with HIV takes their medicine regularly, they become virally suppressed, allowing them to live a long and healthy life and have effectively no risk of sexually transmitting HIV.

How CDC Dollars Can Improve TREATMENT:

- **Expand** access to telemedicine
- **Develop** networks to rapidly link persons with recently diagnosed HIV to care services
- **Integrate** HIV, STI, and hepatitis treatment to holistically address the syndemic



PREVENT: Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs)

Syringe Services Programs (SSPs) are community-based public health programs that provide access to services **to prevent HIV and viral hepatitis infections and address other syndemic issues**.

54 counties in Kentucky were determined by CDC to be experiencing or at risk of an HIV outbreak or significant increase in hepatitis infections due to injection drug use.

29 SSPs operate in **Kentucky***

How CDC Dollars Can Improve PREVENTION:

- **Increase** access to and awareness of PrEP through innovations such as TelePrEP, a critical prevention tool in the context of COVID-19
- **Expand** access to SSPs and their capacity to provide integrated prevention services including PrEP
- **Implement** a status neutral approach to HIV prevention



RESPOND: Respond early to potential HIV clusters or outbreaks to get prevention and treatment services to people who need them

86 Rapidly growing clusters nationally



Cutting-edge public health approaches turn HIV data into action by identifying areas with rapid transmission and expanding resources to maximize prevention and treatment efforts.

How CDC Dollars Can Improve RESPONSE:

- **Direct** prevention and treatment resources to priority populations
- **Promote** equity in health services
- **Build** a competent workforce to address response activities



How CDC Dollars Can Build Workforce Capacity

CDC is providing funds to build a competent HIV prevention workforce that is representative of the communities they serve.

CDC offers technical assistance and HIV prevention trainings to build workforce capacity.

Nationally, learners from 216 unique organizations completed 565 HIV prevention courses with the most requested content area being increasing awareness of, access to, and adherence to PrEP.

* These data were pulled on 1/13/2022 from NASEN (<https://nasen.org/>) and only represents SSPs who have authorized NASEN to publish their information.